

Attachment B

BRIEF INTERVENTION/ASSESSMENT PROTOCOL

ASK – Systematically identify all tobacco users at every visit

SMOKING STATUS: [check one]

- | | | |
|--|-------|--|
| <input type="checkbox"/> NEVER SMOKED | → → → | Encourage continued abstinence |
| <input type="checkbox"/> RECOVERING SMOKER | → → → | Do you need any further help at this time? |

- ☐ SMOKER ☐ OTHER TOBACCO USE (snuff, chew, etc...)

Average number of cigarettes smoked per day? _____

How soon after waking do you smoke your 1st cigarette? _____

ADVISE – Strongly urge all tobacco users to quit

- ☐ This program is an addictions treatment program that cares about all aspects of your health and addictions, including nicotine addiction, especially because there are special risks for smokers with histories of alcohol and other drug abuse. I encourage you to consider quitting either now or in the future.

ASSESS – Determine willingness and readiness to make a quit attempt

MOTIVATION & CONFIDENCE IN QUITTING

- | | |
|---|---|
| <input type="checkbox"/> On a scale of 1-10, with 1 being not at all important and 10 being extremely important, how important would you say it is for you to quit smoking? | <i>Not at all 1...3...5...7...10 Extremely important</i> |
| <input type="checkbox"/> On the same scale, how interested are you in quitting? | <i>Not at all 1...3...5...7...10 Extremely interested</i> |

If uninterested, ask: What would make you more interested? _____

- | | |
|---|--|
| <input type="checkbox"/> If you decided to try and quit smoking, on a scale of 1-10, how confident are you that you could successfully do it? | <i>Not at all 1...3...5...7...10 Extremely confident</i> |
|---|--|

If unconfident, ask: How could the program help you become more confident? _____

- | |
|---|
| <input type="checkbox"/> If you were to quit, what would be some reasons? _____ |
|---|

STAGE OF CHANGE

- | | |
|--|--|
| <input type="checkbox"/> Pre-contemplation (<i>Not considering quitting</i>) | <input type="checkbox"/> Action (<i>Off tobacco 1 day to 6 months</i>) |
| <input type="checkbox"/> Contemplation (<i>Thinking about quitting</i>) | <input type="checkbox"/> Maintenance (<i>Off cigarettes 6 mos or more</i>) |
| <input type="checkbox"/> Preparation (<i>Ready to quit in next 30 days</i>) | |

If in preparation, ask: What steps have you taken to prepare for your quit attempt? _____

ASSIST – Aid the client in quitting or planning for the future

- ☐ Evaluate past quitting experience:
How many times have you tried to quit smoking? _____
What kinds of pharmacotherapy (NRT) have you tried? (gum, patches, inhaler, Zyban/Wellbutrin) _____
- ☐ Discuss what program offers: • Individual counseling and pharmacotherapy on-site • Referral to local tobacco treatment specialist off-site • Support for tapering • Support for going 'cold turkey' • Self-help materials • Nicotine Anonymous information

Give materials; encourage support & use of telephone counseling @ Tobacco-Free Helpline 1-800 TRYTOSTOP or website www.trytostop.org

ARRANGE – Schedule follow-up contact

- ☐ Offered referral for on-site tobacco treatment: Client would like to be referred: _____
Client does **not** want to be referred: _____
- ☐ Will follow-up as part of regular treatment planning